

Digest of Corrections Therapy Programs

We have completed our review of five issues related to treatment of offenders within the state's correctional system and we summarize our findings in this digest. First, we did not find evidence that treatment was withheld from sex offenders because the offenders refused to admit to committing crimes other than the crimes of their conviction. Second, we found some duplication of therapy between the prison and the halfway house, but in our opinion the duplication is justified. Third, we found that corrections' officials were giving halfway house parole violators adequate chances to change their behavior before they were sent back to prison. Fourth, we found that studies of prison treatment programs show promising results in reducing recidivism, but these studies are not conclusive. Fifth, we found that prison management has discretion in whether they allow inmates to hire their own therapist while incarcerated.

To address these issues, we conducted an extensive review of the literature, compared Utah's corrections programs with programs in other states, and reviewed three different samples of inmate files. Our conclusions are based on the documented evidence in the case file records and discussions with treatment staff both within Utah's correctional system and outside the system. In the following paragraphs we describe what we found in each of the five areas.

First, we did not find evidence indicating that treatment was withheld from inmates until they admitted to additional crimes for which they were not convicted. Our review indicates that most inmates either admitted to the additional crimes prior to incarceration, or there was never any evidence to indicate additional crimes were committed. These inmates are eligible to receive treatment—if they request it—while in prison. A small percentage of inmates never confessed to the crime of conviction much less any additional crimes; these inmates are not eligible to receive treatment while in prison. Finally, another small percentage of inmates who confessed to the crime of conviction but denied additional crimes for which there is evidence, are also eligible to receive treatment.

Second, our case file review showed that: (a) duplication of treatment between prison and the halfway house does exist, and (b) this duplication is justified. Although there appears to be some duplication, caseworkers and therapists argue that treatment received while in a halfway house builds on what the inmate received while incarcerated. Further, they believe that some duplication of therapy (reinforcement of basic concepts) is necessary because situations outside the prison are much different than inside.

Third, halfway house staff members appeared justified in sending back to prison those who violated parole conditions. Most parolees were sent back to prison for committing new crimes, violating halfway house rules, and/or failing to live by special parole conditions. Of the 636 instances of parole violations coming before the Board of Pardons hearings in the first half of

fiscal year 1994, we found that 81 percent of parolees had violated at least one or more provisions of their general parole agreement, primarily displaying new criminal behaviors. Another 19 percent violated special parole conditions. We focused on 14 cases, or 2 percent, of the parolees who were sent back to prison for failure to complete the sex therapy program in the halfway house. Parolees in this category related most directly to the legislative concern

that offenders were being sent back to prison merely for denying their crime of conviction; consequently, we analyzed these cases in more detail.

Fouth, research indicates that certain types of treatment show promising results in reducing recidivism (the rate of inmates returning to prison), but the literature does not contain conclusive evidence to support that position. Further, given limitations of time and resources, it would be impractical for our office to conduct random, control group experiments as to the effectiveness of treatment programs. Some researchers believe that treatment that follows certain principles can reduce recidivism. They believe that, although individual studies may have weaknesses in research design, the sheer number of studies pointing to positive results of certain types of treatment indicate that treatment can reduce recidivism. However, because of the expense of treatment, other researchers are not fully convinced that these results are cost beneficial. In our opinion, the research is promising but not totally conclusive. Further, to conduct a definitive research study in Utah would require researchers to conduct a carefully controlled experiment spanning multiple years. This study would be very costly and may not apply to current treatment methods because the study would have to track recidivism of individuals receiving particular treatment in the past.

Fifth, it also appears that prison management has discretion in choosing an inmate's treatment providers. Prison management can either refuse or allow an inmate to hire his or her own therapist during incarceration. An attorney from the Office of Legislative Research and General Counsel and an attorney from the Attorney General's Office both feel that the courts have traditionally allowed prison management wide discretion in how the inmates are managed. Based on this view, these attorneys believe the courts would uphold prison management's prerogative to either prohibit or allow inmates to hire their own therapists. They also said that allowing inmates to be treated by their own therapist could lead to potential security problems; it could also be perceived by some inmates as being unfair. In addition to our discussions with these attorneys, the six states we contacted do not allow inmates to use outside therapists, citing similar problems.